





Instructions for: Employer*

Please complete this form before providing to Injured Worker.

*Last Name, First Name:	*Social Security Number:	
*Date of Injury:	*Date of Birth:	
*Employer Name:		

*Required Information

Instructions for: Injured Workers*

To fill your initial (first) prescriptions for a workers' compensation injury, follow these easy steps:

- 1) Present this form within 30 days of the date you were injured.
- 2. Locate a participating pharmacy closest to you. For assistance use the following tools:
 - Call: 1.800.758.5779
 - Visit: www.healthesystems.com/pharmacysearch
 - A sample listing of pharmacies are provided at the bottom of *this form*

*For new injuries only

Instructions for: Pharmacists

Your pharmacy has contracted to participate in the Healthesystems Pharmacy Network. To dispense the patient's first-fill for their workers' compensation prescription:

- Indicate that this is a new workers' comp injury; do not process under an existing injury
- Call the Healthesystems Customer Service Center: 1.800.758.5779
- Process using the Member ID # provided by Healthesystems

Prescription Processing Information:

Transmit prescription using the following

Healthesystems Customer Service Center phone number:			
1.800.758.5779 (press 1 for retail pharmacy option)			
BIN:	Carrier/Customer ID:	* Member ID: (provided by Healthesystems	
012874	AIMS	CSC representative)	

*Required Information

Healthesystems Pharmacy Network

Albertson's Duane Reade Kroger Pharmacy Safeway Pharmacy Walgreens **Aurora Pharmacy** Fred's Pharmacy Long's Drug Store Sam's Club Wal-Mart Bi-Lo Pharmacy Giant Eagle Medicap Pharmacy Sav-On Drugs Winn Dixie Pharmacy **Brooks Pharmacy** Giant Pharmacy Meijer Pharmacy **Shoprite Pharmacy** Osco Drug Carilion Pharmacies **HEB Pharmacy** Stop & Shop Costco Pharmacy Hy-Vee Pharmacy **Publix Pharmacy** Target **CVS Pharmacy** Rite Aid **Vons Pharmacy** Kmart